

Permit # \_\_\_\_\_

Job Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

## WET/DRY CHEMICAL EXTINGUISHING SYSTEM PERMIT APPLICATION

Bureau of Fire Prevention  
555 S. 10<sup>th</sup> Street, Rm 203  
Lincoln, NE 68508-3995

Phone #: 402-441-7791  
Fax #: 402-441-8214  
24 Hour Inspection Line 402-441-8213

DRY CHEMICAL ☐

WET CHEMICAL ☐

FOAM ☐

Name of System: \_\_\_\_\_

Area to be protected: \_\_\_\_\_

No. of Heads: \_\_\_\_\_

No. & Size of Cylinders: \_\_\_\_\_

No. of Activating Devices: \_\_\_\_\_

### SCHEDULE OF FEES

#### Fire Extinguishing Systems

First cylinder \$ 65.00 \$ \_\_\_\_\_

Each additional cylinder \$ 5.00 # \_\_\_\_\_ \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

#### Plan Review Fee (Subject to \$18.00 minimum fee)

\$ .95 per \$1,000 total job cost

Enter Job Cost: \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

Application is hereby made to install or alter a fire extinguishing system. It is agreed that all rules, regulations, and ordinances of the city of Lincoln, now in effect or to be enacted, will be complied with, and that the installation will be made in accordance with all applicable fire system regulations.

Submitted by: \_\_\_\_\_

Company Name (Please Print) \_\_\_\_\_

Signature of Registered Contractor \_\_\_\_\_

Date \_\_\_\_\_

Company Address – Street, City, State, Zip Code \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

Approved By: \_\_\_\_\_

Bureau of Fire Prevention \_\_\_\_\_

Date \_\_\_\_\_

**Building & Safety Department – City of Lincoln, NE**